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Substitute for Form PTO-875

Application of Docket Number

Application or Docket Number
10642292

(Column 1) (Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2.

4/24/06 (Column 1) (Column 2) (Column 3)

Application Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

OR

**OTHER THAN
SMALL ENTITY**

TOTAL

OR

TOTAL

OR

**OTHER THAN
SMALL ENTITY**

TOTAL
ADD'L FEE

OR

TOTAL
ADD'L FEE**TOTAL
ADD'L FEE**

OR

TOTAL
ADD'L FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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